

# ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES  
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2013—2014 ANNUAL REPORT



The Mental Health Services Act Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 25 contractors to provide PEI programs for transition-age youth (TAY), adults, and older adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. This information is summarized in the following report.

**DATA: Adult PEI Programs**

**REPORT PERIOD: 7/1/2013-6/30/2014**

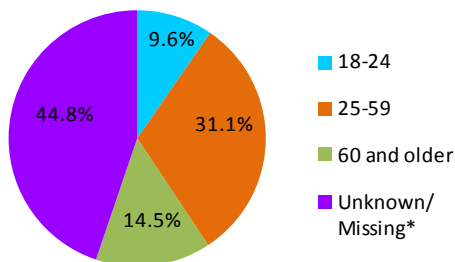
**NUMBER OF PARTICIPANTS WITH DATA IN FY 2013-14: 19,859 (Unduplicated)\***

*\*All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.*



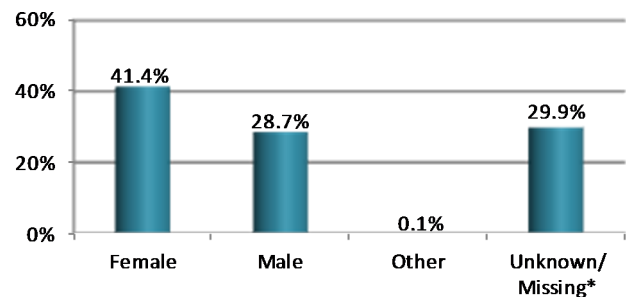
### SYSTEMWIDE PARTICIPANT DEMOGRAPHICS\*†

**AGE (N=19,859)**



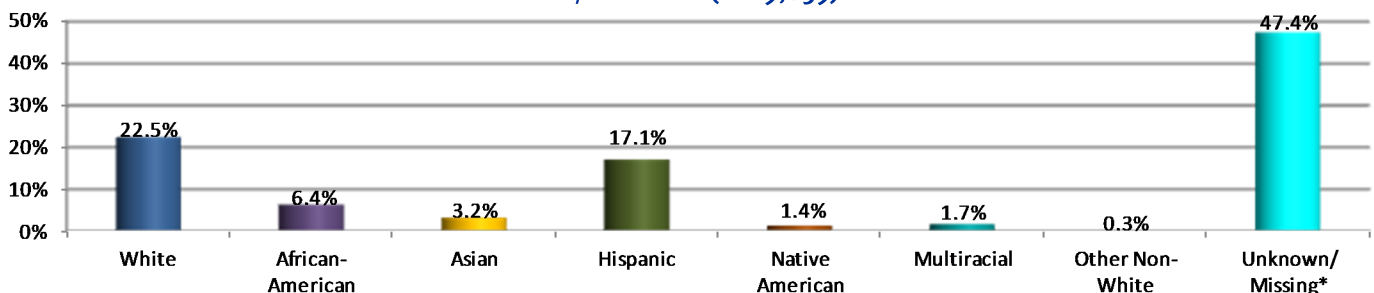
Forty-one percent of the participants who received services were ages 18-59.

**GENDER (N=19,859)**



Forty-one percent of the participants who received services identified their gender as female.

**RACE/ETHNICITY (N=19,859)‡**



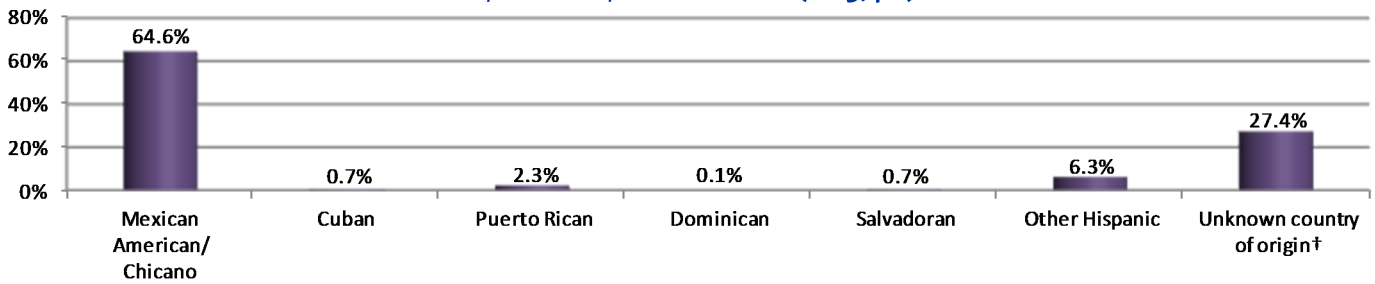
Twenty-three percent of the participants who received services identified their racial/ethnic background as White and 17% identified as Hispanic. Race/ethnicity was not reported for 47% of the participants.

*\*The percentage of participants with unknown or missing information is high because individuals who called the Adult/Family Peer Support Line, one of the largest PEI programs, often did not report their demographics.*

*†Percentages may not add up to exactly 100% due to rounding.*

*‡Participants can self identify as more than one race so percentages may add up to more than 100%.*

### MEXICAN/HISPANIC/LATINO ORIGIN (N= 3,401)\*



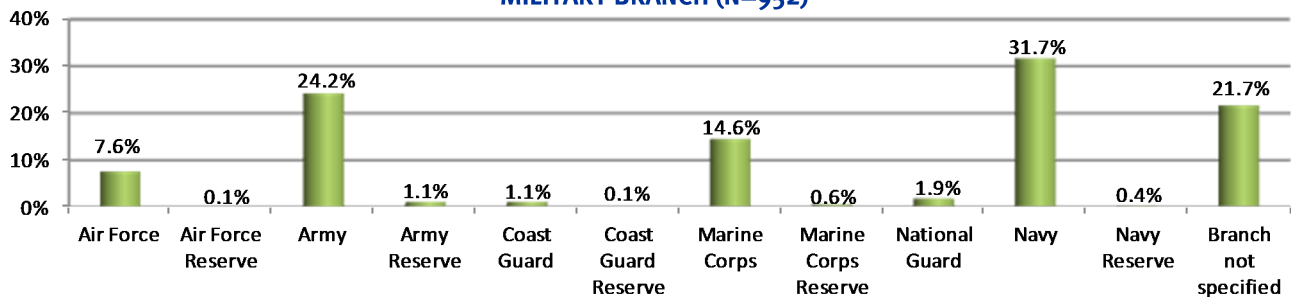
Of the Hispanic population served, 65% identified their ethnic background as Mexican American/Chicano.

\*Participants can self identify as more than one race so percentages may add up to more than 100%.

†Some PEI programs did not ask Hispanic participants to list their country of origin. Participants from these programs are included in the unknown category.

### MILITARY SERVICE

#### MILITARY BRANCH (N=952)\*

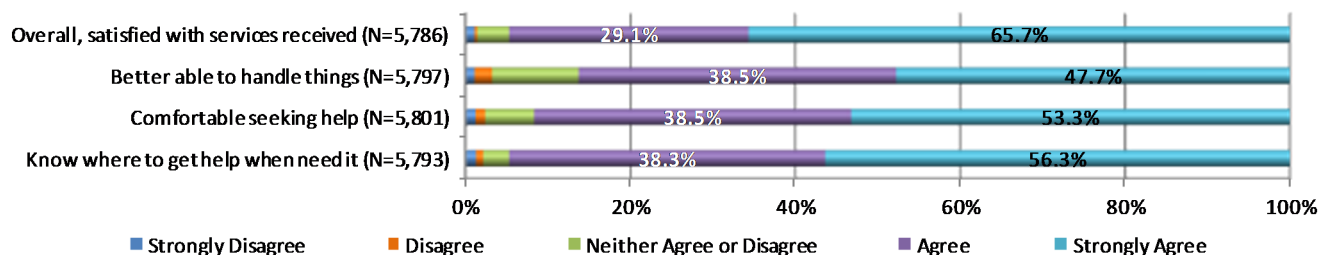


Information on participation in military service was available for 9,489 participants, of whom 952 (10%) had served in the military. Of those participants, 32% served in the Navy, 24% served in the Army, 15% served in the Marine Corps and 8% served in the Air Force. The remaining military branches were not as highly represented, and 22% participants did not specify a military branch of service.

\*Participants could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.

### PROGRAM SATISFACTION

#### PROGRAM SATISFACTION\*



For each satisfaction question, responses were obtained from approximately 29% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 95% of the participants who responded were satisfied with the services they received.

\*Satisfaction data not available for all participants.

The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Performance Outcomes and Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.